

EHEALTH COMMISSION MEETING

WEB-CONFERENCE ONLY
MARCH 11, 2019



NOTE:

NEW WEB-CONFERENCE LINK AND #+16699009128,,385634097# US

IF YOU ARE EXPERIENCING AUDIO OR PRESENTATION DIFFICULTIES DURING THIS MEETING, PLEASE TEXT ISSUES TO

720-545-7779

MARCH AGENDA



Call to Order	
Roll Call and Introductions	
Approval of January Minutes	40.00
March Agenda and Objectives	12:00
Michelle Mills, Co-Chair	
Announcements	
OeHI Announcements and Updates	
Workgroup Announcements and Updates	
Commissioner Announcements and Updates	
Carrie Paykoc, Director, OeHl	12:10
eHealth Commissioners	
New Business	
eHealth Commission Annual Training	
Carrie Paykoc, Director, Office of eHealth Innovation	42.25
Kim Davis-Allen, Sr. Consultant, Health Tech Solutions Emily Buckley, Assistant Attorney General, Public Official Unit	12:35
Emily buckley, Assistant Attorney General, Public Official Official	
Public Comment Period	
Open Discussion	1:20
Closing Remarks	
Recap Action Items	
• April 2020 Agenda- WG Highlights: Advance HIE, Consumer Engagement, and Care Coordination	
May 2020 Agenda: WG Highlights: Identity, Consent, Data Governance	1:25
• June 2020 Agenda: Rural Focus- Meet to be hosted in Alamosa	1.23
• Adjourn	
Michelle Mills, Chair	

ANNOUNCEMENTS



OeHI UPDATES

- Office of the National Coordinator (ONC) Strategy
- Workgroup Updates- Advance HIE Priorities, Consumer Engagement RFI, CC
- April Meeting
 - Project Focus- What have we achieve? Where are we headed?
 - Highlights on Advance HIE Projects, Consumer Engagement, Care Coordination
- May Meeting
 - Project Focus-What have we achieve? Where are we headed?
 - Highlights on Identity, Consent, and Data Governance
- June Meeting
 - Rural Focus- To be hosted in Alamosa

COMMISSION UPDATES

Note: If you are experiencing audio or presentation difficulties during this meeting, please text 720-545-7779.



Advance HIE Workgroup Next Phase Priorities



















Project Status Report : OeHI - Advance HIE Rollup

General Information				Key Dates	Health Indicators		
Project ID	PROJ013123	Project Phase	Execute	Start Date	1/1/17	Overall	
Project Manager	Kristi LaBarge	Agency Priority #		Delivery Date		Scope	
Agency	OeHI - Governor's Office of eHealth Innovation	Legislative/Audit?		Finish Date	9/30/22	Schedule	
Business Sponsor	Carrie Paykoc	5-Year Roadmap?	Yes	Est. Duration (Months)	70	Budget	
OIT Sponsor		JTC Reporting?	No	Overall % Complete	25%	Policy	

Project Objective

Develop and implement approaches to harmonize data sharing capabilities, increase the rate of health information sharing, and advance health information exchange across Colorado.

Status Report Update

The first projects funded include: Terminology Services; Improved Data Access; Targeted ADT Notifications; Single Sign On Across Systems; PMDP Integration; Medication History; and Electronic Order Reconciliation. The medication history project has been completed.

eHealth Commission Ask: None at this time.

Key Accomplishments

- 1. IAPD updates submitted
- To date, we received 8 project deliverables from CORHIO encompassing the following projects: Additional Notifications and Triggers, Data Access Improvement, Single Sign On, and Terminology Services.
- To date, received 3 project deliverables from QHN encompassing Additional Notifications and Triggers, Data Access Improvement, and Electronic Lab Reconciliation. Official kickoff meeting took place February 14th.

Plans For Next Period

- Submit comments and/or approve the 11 deliverables received.
- 2. Prepare SOWs for the new work submitted and work on Project Request Orders.

Report Date: 3/5/20

Continue currently funded projects.

Budget					
Category	Budgeted Total	Spent to Date	Budget Remaining	% Spent to Date	Notes
Personal Services	\$4,500,000	\$982,889	\$3,517,111	22%	Total project budgeted dollars including capital and operating across all fiscal years
Operations	\$0	\$0	\$0	0%	across all liscal years
Project Total	\$4,500,000	\$982,889	\$3,517,111	22%	Spend = 614,000 (CORHIO), 330,000 (QHN), 38,889 (1/9 HTS)

Key	Tasks	&	Milestones

ID	Status	Start	Finish	% Complete	Notes
PROJ013134	Started	4/2/19	9/30/22	10%	
PROJ013127	Started	10/1/19	9/30/20	15%	
PROJ013133	Started	10/1/19	9/30/20	15%	
PROJ013131	Started	10/1/19	9/30/20	15%	
PROJ013135	Started	10/1/19	9/30/20	10%	
PROJ013132	Started	10/1/19	9/30/20	15%	
PROJ013128	Started	10/1/19	9/30/20	50%	
PROJ013129	Started	10/1/19	9/30/20	25%	
	PROJ013134 PROJ013127 PROJ013133 PROJ013131 PROJ013135 PROJ013132 PROJ013128	PROJ013134 Started PROJ013127 Started PROJ013133 Started PROJ013131 Started PROJ013135 Started PROJ013132 Started PROJ013128 Started	PROJ013134 Started 4/2/19 PROJ013127 Started 10/1/19 PROJ013133 Started 10/1/19 PROJ013131 Started 10/1/19 PROJ013135 Started 10/1/19 PROJ013132 Started 10/1/19 PROJ013128 Started 10/1/19	PROJ013134 Started 4/2/19 9/30/22 PROJ013127 Started 10/1/19 9/30/20 PROJ013133 Started 10/1/19 9/30/20 PROJ013131 Started 10/1/19 9/30/20 PROJ013135 Started 10/1/19 9/30/20 PROJ013132 Started 10/1/19 9/30/20 PROJ013128 Started 10/1/19 9/30/20	PROJ013134 Started 4/2/19 9/30/22 10% PROJ013127 Started 10/1/19 9/30/20 15% PROJ013133 Started 10/1/19 9/30/20 15% PROJ013131 Started 10/1/19 9/30/20 15% PROJ013135 Started 10/1/19 9/30/20 10% PROJ013132 Started 10/1/19 9/30/20 15% PROJ013128 Started 10/1/19 9/30/20 50%

Risks

No risks to report at this time.

Issues

No issues to report at this time.

HIT Workgroup FY2021 Priorities

Priority Project	Description	Funding Request
Medications History	Provide enhanced medications history access via HIE, and access to Prescriber Tool via HIE	\$200,000
Single Sign On	Continue integrating HIE portal access directly from EHR with patient in focus.	\$115,000
Additional Notifications & Triggers	Continue adding notification and trigger types based on eCQM measures and participant requests for proactive notification of event	\$910,500
Data Access Improvement	Data access and interoperability via API with state data systems	\$75,000
Terminology Services	Build out data normalization across a broad set of data types to ensure disparate data from our senders is harmonized for advanced products, such as notifications, eCQMs, population health management	\$1,652,000
Lab Reconciliation	Electronically enabling and reconciling lab orders to results	\$248,000
Resource Directory	Planning for integration with state resource and provider directories to enhance exchange accuracy	\$75,000
Statewide ID Management	Planning for integration with the statewide identity management solution	\$75,000
Total Budget:		\$3,350,500

ACTION ITEMS



CO Health IT Roadmap	Follow Up	Status
State Priority Alignment	Develop Commission Goals for 2020	In progress
eHealth Commissioner Openings	Accepting applications to fill open role	Consumer role needed
Launching Consent Initiative Efforts	Wes Williams Chair	 Launched WG March 6th, State Program Policy WG focused on State consent

ACTION ITEMS



AFFORDABILITY ROADMAP

Affordability Roadmap	Status and Follow-Up
Prescriber Rx Tool	 OeHI participating in procurement process as subject matter experts OeHI meeting on regular basis with Tom Leahy on project details OeHI/HCPF secured Support ACT funding \$ 5 Million to support provider adoption and reduce burden related to ALL prescription tools and support the integration of the tools and PDMP. Efforts in progress to scope and fund projects.
Advanced Directive SB 19-073	 Project kicked off Aug 2nd with regular meetings set up Alignment and technical mapping sessions in September Chris Wells leading effort Survey released in November to inform requirements Mapping out efforts with MyColorado, HIEs, and CDPHE SOW with CORHIO/QHN in progress
Interoperability (JAI)	 Boulder County Connect and Care Resource Network accepted as projects Marc Lassaux and Carrie Paykoc serving on leadership committee Carrie on Program and Policy Workgroup launched in January Identity Resolution Project launched! Funded by Roadmap and lead by OeHI
Broadband/Telehealth	 Submitted letter of support and comments August 29th for connected care pilot funding opportunity. Exploring USDA grants for telehealth. Launched workgroup on November 01, 2019. Goal to develop state plans for policy and funding by June 2020. Chaired by Rachel Dixon, eHealth Commissioner, President of Prime Health Meetings with American Telehealth Association, CHI, and CRHC in Feb. State plan in development.



eHEALTH COMMISSION ANNUAL TRAINING

MARCH 11, 2020

AGENDA



- House Bill 18-1198 Overview
- Roles and Responsibilities of the Commission
- Voting and Bylaws Overview
- Commission Charter
- Colorado Open Records Act/Sunshine Laws Overview
- Alignment with State Priorities



HOUSE BILL 18-1198 OVERVIEW

HOUSE BILL 18-1198



- The House Bill establishes best practices for State Boards and Commissions
 - State boards and commissions in Colorado shall implement written policies/bylaws and obtain annual training:
 - Understanding and operating within the limits of Statutory directives, etc.
 - Definition of Role/responsibility of Commission
 - Understanding goals of the programs overseen
 - And others



CHARTER AND BYLAWS

COMMISSION CHARTER AND BYLAWS



The eHealth Commission's Charter's purpose is to provide an overview of the organization's mission, historical context, membership structure, governance, and objectives.

- Background of organization (eHealth Commission)
 - Formed through Executive Order B 2015-008
 - Guiding body for the implementation of Colorado's Health IT Roadmap
 - Fiscal agent is HCPF and fiscal oversight is Lt. Governor's Office
- Defines organizational structure
 - Nine to 15 volunteers appointed by the Governor
- Aligns Roadmap initiatives with State goals, objectives, vision, and mission
- Outlines tasks, responsibilities, and accountability

CHARTER AND BYLAWS



- Charter and Bylaws approved during the February 2019 eHealth Commission meeting along with criteria for funding health information exchange organizations
- Bylaws updated in June 2019 to clarify electronic voting
- Charter and Bylaw Document
 - Section 1. Document Purpose
 - Section 2. Overview
 - Section 3. Membership
 - Meeting Schedule
 - Section 4. Tasks and Responsibilities
 - Section 5. Voting and Bylaws
 - Ouorum to Conduct a Vote
 - Approval of a Matter
 - Conflict of Interest



eHEALTH COMMISSION ROLE

ROLE OF EHEALTH COMMISSION



Provide advisory guidance and stakeholder oversight for the Office of eHealth Innovation (OeHI), and to lead the advancement of Health IT and transformation across Colorado.

Serve as "champions" and "sponsors" for identified projects, guiding them through engagement, planning, design, and implementation.

Supports the implementation of the State's Health IT strategy and interoperability objective by setting goals for Health IT programs and creating a process for developing common policies and technical solutions.

ROLE OF EHEALTH COMMISSION (CONT'D.) Office of eHealth Innovation

Also serve to:

- Identify key priorities
- Encourage "best practices"
- Encourage, and help foster, coordination among agencies, stakeholders, vendor partners, communities, and others
- Provide subject matter expertise
- Assist with outreach, communications, promotion of state plans, strategies, initiatives, and benefits realized
- Review high level project plans and deliverables to ensure that the Office is achieving stated goals and objectives
- Provide an accountability mechanism throughout the project lifecycle



VOTING AND BYLAWS

VOTING AND BYLAWS



 There is not a minimum number of Commission members that must be in attendance to conduct and/or host the meeting

Minutes will be documented for each meeting

- Member voting may be conducted via voice voting, electronic voting, or show of hands
 - During the course of a meeting votes can be taken from those present or on the telephone

QUORUM TO CONDUCT A VOTE



- "80 percent of the appointed Commission members (excluding vacancies) must be present (in person, by telephone (considered in person), or by submission of an electronic vote) to represent a quorum before the Commission can vote on any issue within its authority"
 - "To determine if a quorum is present, the members will be counted within the first 15 minutes of the meeting start. If members leave or arrive late it could impact whether a quorum is present and therefore the ability to vote on issues."
 - "Electronic votes that have been recorded can be used to determine a quorum"
 - "For meeting minutes, approval can be given by simple majority (no minimum percentage required)."

- eHealth Commission Charter and Bylaws

APPROVAL OF A MATTER



- For any matter other than meeting minutes, 80 percent of Commission members must approve the matter.
 - Votes can be given either in person or electronically.
 Electronically is defined as email or survey tool.
 - If a matter has been pre-determined for a vote at an upcoming meeting, electronic votes can be solicited prior to the meeting and recorded prior to the meeting
 - Any matter that can be voted on electronically must have been submitted or discussed prior to the solicitation of an electronic vote

CONFLICT OF INTEREST



An actual or potential conflict of interest is based on a direct economic benefit on a business or other undertaking in which the member has a direct or substantial financial interest. This includes a directorship or an officership in a foundation or other non-profit organization.

OeHI Commission's Procedure:

- In the event of a conflict of interest, a member may abstain his or her vote.
 - The required approval is 80 percent of the appointed Commission members excluding abstaining voters



COLORADO OPEN RECORDS ACT/SUNSHINE LAW

SUNSHINE LAW: OPEN MEETINGS



- Sunshine Law generally requires any state or local governmental body to discuss public business or to take formal action in meetings that are open to the public.
- eHealth Commission meetings are considered a State public body
- Must be open meetings of 2 or more members at which public business is to be discussed or at which formal action may be taken
- Executive Sessions are limited to matters that must be kept confidential according to state and federal laws.
- Workgroups provide recommendations to the Office and eHealth Commission. These workgroups are not subject to open meetings but may be subject to open records.

SUNSHINE LAW: OPEN RECORDS



- As a state entity, OeHI is subject to open records and communication with workgroup and eHealth Commission may be subject.
- OeHI follows the Governor/Lt. Governor email retention policy. Emails are deleted after 30 days unless flagged.
- All eHealth Commission meeting materials are posted to OeHI's website. This includes approved minutes, agendas, presentations, and other project details.



ALIGNMENT WITH STATE PRIORITIES

STATE PRIORITIES



As the steering committee for the Roadmap it is important to support aligning and advancing infrastructure to support the state priorities and to encourage alignment of new efforts.

State Priorities	Gov/Lt. Gov	Health Cabinet	APM QM	HTP QM	Affordability Roadmap	OeHI Care Coord.	OeHI Consent Consumer Engagement	Denver Foundation Grant
Support Rural								
Providers	Х	х	Х	Х	X	Х	X	X
Maternal/ Child								
Health/ Foster Kids	Х	x	х	х	х	Х	x	
Mental Health								
Services/ Suicide								
Prevention	Х	х	X	х		Χ	x	x
Opioid and SUD								
Abuse Prevention	х	х	x	X	x	X	x	x
Cost Control- Meds,								
Hospital Utilization,								
Health Care Costs	х	X	x	x	x		x	
Aging, Advanced								
Directives/LTSS/IDD,								
Services and Sup-								
ports	Х	X			X	X	x	Х
Homelessness/								
Housing Instability	X	X				Х		x
Food Security	х	x		х	x	Х	x	
Reduce Recidivism								
Rates	X	x			X	Х		



OPEN DISCUSSION



PUBLIC COMMENTS



CLOSING REMARKS

MICHELLE MILLS, CHAIR